

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

OCT 17 2017

RECEIVED

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NEW HAMPSHIRE DEPARTMENT OF STATE

	l	Debra	Vanderbeek, Ro	bert C	legg, F	Perik	lis Ka	routas	, Lea	nn N	/loccia	
parti	nership	, firm	or corporation,	if any:								
tive	Solutio	ons, L.	L.C.									
of pa	artnersh	ip, firm	or corporation)					_				
Вох	10724		Bedford				NH				03110	<u> </u>
et)			(Town/City)			(Sta	ite)			(Zip C	Code)
		()			e-n	_{nail} d	beek	@aol	.com		
		_ `	(Fax)		_						
	-		– file separate re are not attributal	-				R you	may	file 2	a separa	te rej
action	ns occu	rring i	n the months prior	to the	reporti	ng da	ate rel	ative t	o the	follo	wing clie	enț:
Inju	ired W	orkers	s' Pharmacy									_
(Full	Name o	f Clien	t as it appears on th	Lobby	ist Reg	istrati	on Fo	m)				
ction lar cl		e lobby	vist (including the	lobbyi	st's far	nily),	or th	e lobby	ying f	irm l	isted bel	ow w
	il 26, 2							7 🛚				
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	ober 25 y from 7		9/30/17		J activity			2018 17 to 12		7		
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t)									,	(Date)	(Date)	(Date)

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client Injured Workers Pharmacy	Date October 13, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 7500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ 15,000.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 22,500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report responses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); an arting period of greater than \$25.00 for less of greater than \$25, purchase of ext than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 7500.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>7500.00</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 15,000.00
f) Total of all expenses year to date	f) \$ <u>22,500.00</u> :
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	· ·
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	October 13, 2017
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporat	ion: Legislative Solutions
Name of Client (leave blank if Statement is for t	he partnership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □	October 25, 2017 🗖 January 31, 2018 🗆
	Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing infor complete to the best of my knowledge and belief Signature of lobbyist)	October 13, 2017 (Date)
, , , , , , , , , , , , , , , , , , , ,	;
Robert Clegg	·
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statement/Affirmation by Lobbyis
Statem	ent of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Se	Legislative Solutions					
Name of Client (leave particular client):		•	corporation and not related to any					
Date of Report (check	one):							
April 26, 2017 □	July 26, 2017 □	October 25, 2017 💆	January 31, 2018 □					
-			nd Expenses described above, and umber of Addendum forms being					
Addendum A(s).							
Addendum B(s	s).							
Addendum C(s	3).							
I hereby swear or affir complete to the best of	~ ~		nt and each Addendum is true and					
1 11/1		Octo	ber 13, 2017					
(Signature of 4 obbyist)			(Date)					
//								
Periklis Karoutas			•					
(Print Name of lobbyis	et)		:					

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Leann Moccia

(Print Name of lobbyist)

	Affirmation by Lobb ne and Expenses for:	=		
Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative S	olutions	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to	o any
particular client):				
Date of Report (check	s one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017	January 31, 2018 □	
			nd Expenses described above umber of Addendum forms b	
Addendum A(s).			
Addendum B(s).			
Addendum C(s).		•	
			·	
	rm that the foregoing in f my knowledge and be		nt and each Addendum is true	and
Signature of lobbyist) Occia	Octo	ber 13, 2017 (Date)	